



**DUNDEE EAGLES MEMBERSHIP  
SEASON 2009/2010**

EAGLE'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CLASS YEAR \_\_\_\_\_

CONTACT NAME (Parent/Guardian): \_\_\_\_\_

CONTACT'S ADDRESS (If different to above): \_\_\_\_\_

EMERGENCY TELEPHONE NO.(when child is at Training/Games): \_\_\_\_\_

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Membership Applied For (please tick)

Player Membership Fee

P1, P2, & P3      £35

P4 to Under18s    £45

If 3rd or 4th child is also an Eagle this season, please discount the 3rd and 4th fee, by 50% on the lesser fee.

Family membership is £100.

Cheque payable to **Dundee Eagles**.

The membership form and cheque can be handed to Toni McNicol (the membership secretary), Simon Fraser (Eagles Convenor) or your Eagle's coach.

Signature of Parent/Guardian: \_\_\_\_\_

**Please indicate below which categories you (as a Parent/ Guardian) would be willing to help out with the running of the Eagles Rugby Club. The categories are:**

**Coaching. .... Transport. .... Catering. .... Fund raising. .... Committee Work. ....**

**Please complete at least one of the categories, thank you.**

NOW PLEASE COMPLETE THE MEDICAL INFORMATION ON THE REVERSE .



## **DUNDEE EAGLES**

### **Medical Information**

It is important that the coaching staff is aware of any medical condition that your child may have, to ensure the child's welfare is protected while in the company of the Dundee Eagles. All information supplied, will be treated with the strictest confidence. Any concerns should be discussed with members of the coaching team.

**Does your child suffer from a condition that requires medication?      YES / NO**

Condition: \_\_\_\_\_

Medication taken: \_\_\_\_\_

**Is your child allergic to any medication or food?      YES / NO**

Please give details: \_\_\_\_\_

**Has your child had a Tetanus injection in the last five years?      YES / NO**

**Family Doctor's Name and Address:** \_\_\_\_\_

#### **Medical Declaration:**

I consent to my child receiving first aid, medical treatment and care as appropriate.  
I undertake to inform the coach in charge as soon as possible of any change in circumstances.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Photograph & Video Consent.**

I give permission for photographs / video to be taken of my child during activities organised by the Dundee Eagles, and that they may be used for advertising, promotion, analysis, or used on the Dundee eagles website.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Player's Details Consent.**

I also agree that if required by the SRU, the Eagles can pass details of my child to the Union.

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_